

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on October 1, 2001

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Edward J. Grundler

(Typed or Printed Name of Person Mailing Paper or Fee)

(Signature of Person Mailing Paper or Fee)

PATENT APPLICATION Attorney Docket No. OR00-03802

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re A	application of)	
	Richard R. Wessman)	Group Art Unit: Unassigned
Applic	eation No.: 09/680,599)	Examiner: Unassigned
Filed:	October 6, 2000)	
For:	METHOD AND APPARATUS FOR AUTOMATIC DATABASE))	
	ENCRYPTION	1	

PRELIMINARY AMENDMENT

Box Non-fee Amendment Assistant Commissioner for Patents Washington, D.C. 20231

Sir:

Please consider the following amendments and remarks.

10/12/2001 MWDLDER1 00000124 09680599

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54.00 OP

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(Signature of Person Mailing Paper or Fee)

PATENT APPLICATION Attorney Docket No. OR00-03802

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Filing I	Date: October 6, 2000)		Gro. 17 2001
For:	METHOD AND APPARATUS FOR AUTOMATIC DATABASE ENCRYPTION))		100p2100/

AMENDMENT TRANSMITTAL LETTER

Box Non-Fee Amendment Assistant Commissioner for Patents Washington, D.C. 20231

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

[x] Preliminary Amendment.
[] A petition for extension of time is also enclosed with a fee of \$55.00 for a one-month extension for a small entity.
[] Terminal disclaimer under 37 C.F. R. § 1.321(c), including
[] check for \$110.00 fee under 37 C.F.R. § 1.20(d), and
[] 2 certificates under 37 C.F.R. § 3.73(b).
[] Information disclosure statement, form 1449 and ___ references.
[] No additional claims fees are required.



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[] An additional fee is required, and is calculated as shown below:

AMENDED CLAIMS						
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE	
Total Claims	27	MINUS = 24	3	x \$18 =	\$54.00	
Independent Claims	3	MINUS = 3	0	x \$84 =		
If Amendment adds multiple dependent claims, add \$260.00						
Total Amendment Fee	\$54.00					
If small entity status is claimed, subtract 50% of Total Amendment Fee						
TOTAL ADDITIONA	\$54.00					

[] A check in the am	ount of \$ 54.00	is enclosed.
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- [] Charge \$__ to Deposit Account No. ___ (Docket No. ___).
- [x] Please deduct any <u>underpayments</u>, credit any <u>overpayments</u>, and charge all required <u>extension of time fees</u> to Deposit Account Number 50-1003. (Docket No. OR00-03802).

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Tel: (530) 759-1661 FAX: (530) 759-1665

Respectfully submitted,

By

Edward J. Grundler Registration No. 47,615

Date: October 1, 2001